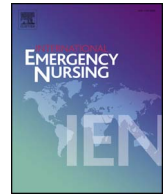




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Experiences of surviving a cardiac arrest after therapeutic hypothermia treatment. An interview study

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ABSTRACT

Background: Cardiac arrest (CA) is often associated with high mortality. In Sweden, it is reported that 13–52 per 100,000 people suffer out-of-hospital CA, and survival to one month is 2–14%.

Objective: This study aimed to describe people's experiences of surviving a CA after therapeutic hypothermia treatment.

Method: A descriptive qualitative design was used. Data were collected through individual interviews with seven CA survivors. The collected data were analyzed using qualitative content analysis.

Results: The analysis resulted in six subthemes and three emerging themes. The themes were “Dealing with issues of mortality”, “Living a changed life”, and “Being confident with health care and family members”.

Conclusion: Surviving a CA after therapeutic hypothermia treatment means having to deal with issues of mortality, and these patients face a turning point in life. The near-death event can create regression or progression in ethos among these patients.

Relevance to clinical practice.

This study implies that persons who have survived a CA need support to cope. One way to provide support might be to initially establish an individualized health care plan, including bringing up existential issues and involving family members in such conversations.

1. Introduction

Cardiac arrest (CA) is often associated with high mortality. The most common cause, besides acute coronary ischemia, is breathing dysfunction that leads to hypoxia. In Europe, 350,000–700,000 people per year suffer from CA, of which only 5–7% survive [1]. In Sweden, it is reported that 13–52 per 100,000 people suffer out-of-hospital CA, and survival to one month is 2–14% [2]. To suffer a CA can be a life-changing experience with a significant impact on one's day-to-day life [3]. It has been shown that even a short CA of only a few minutes in duration can change the affected individual permanently, including diminished cognitive function regarding emotions and memories [4]. Quantitative studies have shown that quality of life for survivors of CA and CPR is acceptable [5], and although a CA can be a life-changing experience, the survivors score “quality of life” just below average in comparison with the general population [6]. Surviving a CA creates thoughts of an eventual death and of close family members who would have been left behind. To be affected creates a feeling of gratitude for being resuscitated and being at the right place at the right time [7].

Individuals surviving a CA learn over time to live with death and the knowledge that they could suffer another CA. Therefore, they prioritize important things like family and a meaningful everyday life. The meaning of the experience is learning to live again [8]. Those who survive a CA describe it as a positive pro-life experience, but it can also be something that leads to apprehension and trepidation. The event can go from tumultuous to a feeling of emptiness where the affected individual can have a feeling of being alienated from their family [9].

Being hospitalized after a CA can create a feeling of being cared for, while homecoming can create precariousness, although with sufficient support it can inspire security [3]. In a previous study, people who had suffered a CA and were treated with hypothermia considered themselves satisfied with life as a whole after initially having reduced psychological and cognitive functioning that steadily improved substantially after six months [10]. It is therefore important to convey this knowledge to prepare both the affected individual and their family members that psychological rehabilitation can take time. People suffering from CA have reported that they want to focus on the future but live one day at the time, and they acknowledge that life can change

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quickly [11].

Since 2003, International Liaison Committee on Resuscitation (ILCOR) recommends therapeutic hypothermia treatment for everyone with CA who regains spontaneous circulation [12]. The National Board of Health and Welfare guidelines for treatment of CA [13] have recommended this treatment since 2008. The patient should, during the treatment with hypothermia, be sedated until they are comfortable and without pain or risk of shivering [14]. Knowledge about experiences of surviving a CA after treatment with hypothermia treatment is sparse.

2. Method

2.1. Design

In this study, we used a qualitative descriptive design by conducting interviews. Qualitative content analysis was used to examine the interview data.

2.2. Participants

Out of nine invited patients, seven (six men and one woman) ranging in age from 29 to 79 years (median = 61 years) agreed to participate in the study. They were recruited from the local intensive care unit register at two hospitals in Sweden. The participants had suffered their CA between 2007 and 2013, and all were treated with hypothermia. All CAs were witnessed, and six participants had experienced an out-of-hospital CA and one had experienced an in-hospital CA. Three men had received an implantable cardioverter defibrillator (ICD) after their CA.

2.3. Interviews

The interviews were conducted in 2013 and took place between 8 months and 6 years (median = 4 years and 7 months) after the participant's CA. The interviews lasted 30–60 min and were conducted by the second (CN) and third (AR) authors and focused on the participants' experiences. The participants chose the location for the interviews; three participants were interviewed in their homes and four at the hospital. Broad, open-ended questions were used to encourage narration [15]. The interviewer asked the participants "Please, tell me about your experience of having a cardiac arrest", "Please, tell me about your experience of the hypothermia treatment", and "How do you experience your life since the cardiac arrest?". Probing questions were also asked, such as "Do you mean ...?" and "Can you say more about that?" The interviews were audiotaped and transcribed verbatim.

2.4. Analysis

The interviews were analyzed using qualitative content analysis [16], and an example of the analysis is given in Table 1. The transcribed interviews were read several times to obtain a sense of the whole, and then the text was divided into meaning units that were condensed, coded, and sorted into groups with similar content and then abstracted

into subthemes. The subthemes were subsequently abstracted into three emerging themes. The results were continuously discussed among the authors, and the themes and subthemes were revised to clarify their content until an agreement was reached.

2.5. Ethical considerations

This investigation conformed with the principles outlined in the Declaration of Helsinki (Br Med J1964; ii:177), and the study was approved by the Ethics Committee of the Medical Faculty, Umeå University, Umeå, Sweden (reference number Um2013-191-31). The first or second author phoned the patients and gave them an opportunity to ask questions before the interview took place. The participants were informed that participation was voluntary and that they could withdraw at any time without explanation. All participants gave their written and informed consent to participate in the study. The possibility for professional support after the interview was considered, although such a need was not expressed by the participants.

3. Results

The analysis identified three themes and six subthemes. The findings are presented by each theme and illustrated with quotations from the interviews (Table 2). The themes appear as the headings, and the sub-themes as the sub-headings in the results presented below.

4. Dealing with issues of mortality

4.1. Striving to fill in memory gaps

The participants had no memories of the CA, and it varied between the participants how much they remembered about the time around the event. They described an ordinary life with day-to-day tasks until everything changed in what seemed a split second, everything felt normal until suddenly waking up in the hospital several days later. Some of them had a memory gap of a few weeks before the event, while others remembered the time up until the CA. The participants' awakening was reported as sudden, but also that they were waking up and falling asleep again several times. Several participants said that they could not perceive what had happened when they woke up in the ICU. The participants described that their memories were diffuse. Their surroundings were viewed as a "hazy light," and they had vague memories of what had been going on around them. Nightmares from the time in the ICU were also described. All participants reported that they had been informed about the hypothermia treatment and that it did not feel strange that they had been chilled down to 33 °C. The majority did not remember the hypothermia treatment, while some said that they remembered feelings of being cold. One participant said:

"I remember that I had something done to me, perhaps the cooling thing...I seem to remember something like that. But there are only very vague memories of that stuff."

The participants sought to fill in memory gaps of the actual event

Table 1
Example of qualitative content analysis.

Meaning unit	Condensation	Code	Subtheme	Theme
<i>"I don't remember that I did, but they (the staff) told me that I was up there. Like I said, I have no memory...the hours before, I think. If it hadn't happened, I would have known where I was. Strange not to remember... what has happened."</i>	They told me where I was... strange not to remember the hours before.	Amnesia of the time around the event.	Striving to fill in memory gaps	Dealing with issues of mortality
<i>"You can... you know, I have never been that person before, I never thought about life, so to say. That you suddenly can disappear and quickly you don't exist"</i>	Never thought about life before. You can disappear... and it can happen quickly.	Think how quickly life can end.	Facing a turning point in life	

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